

# Mississippi Individual Income Tax Declaration For Electronic Filing 2009

**Electronic Return  
Originator (ERO).**

**MS8453****Duplex or Photocopies NOT Acceptable**

IRS DECLARATION CONTROL NUMBER

00-

-9

Taxpayer Last Name	Taxpayer First Name	Middle Initial	Taxpayer SSN
Spouse Last Name	Spouse First Name	Spouse Middle Initial	Spouse SSN
Mailing Address (Number & Street, Including Rural Route)		Residence County Code	
City	State	ZIP	

**PART I: TAX RETURN INFORMATION****(Round to the Nearest Dollar)**

1. Mississippi Taxable Income
2. Total Mississippi Tax
3. Mississippi Tax Payments & Credits
4. Refund
5. Amount You Owe

1.	
2.	
3.	
4.	
5.	

**PART II: DIRECT DEPOSIT**

1. Routing Number
2. Account Number
3. Type of Account

Checking

Savings

1.	
2.	

My request for direct deposit of my refund includes my authorization for the Mississippi State Tax Commission to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund is properly deposited.

**PART III: DECLARATION OF TAXPAYER**

Under penalties of perjury, I declare that I have compared the information contained on my income tax return with the information I have provided to my electronic return originator and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Mississippi income tax return. To the best of my knowledge and belief, my return is true, correct and complete. This declaration is to be maintained by the electronic return originator and provided to Mississippi State Tax Commission on request.

\_\_\_\_\_  
Signature of Taxpayer\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Spouse\_\_\_\_\_  
Date**PART IV: DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

Under penalties of perjury, I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correctly represented to the best of my knowledge. I have obtained the taxpayer's signature and will maintain this return for the Mississippi State Tax Commission as part of my permanent records. Upon written request, I will furnish this return to the Mississippi State Tax Commission. I have provided the taxpayer with a copy of all forms and information to be filed electronically with the Mississippi State Tax Commission and have followed all other requirements described in the Mississippi Handbook for Electronic Filers and any additional requirements specified by the Mississippi State Tax Commission. If I am the paid preparer, under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.

**ERO USE ONLY**\_\_\_\_\_  
ERO Signature\_\_\_\_\_  
Date

Check If:

☐ Paid Preparer☐ Self-Employed

Social Security Number or PTIN

Employer Identification Number or PTIN

**Paid Preparer Use Only**\_\_\_\_\_  
Paid Preparer Signature\_\_\_\_\_  
Date

Check If:

☐ Self-Employed

Social Security Number or PTIN

Employer Identification Number or PTIN

**Do NOT Mail this Document to the Mississippi State Tax Commission**